



BUILDING A BETTER
HOME-DELIVERED
MEAL SYSTEM

BY MARC CHERNA

IN APRIL 2013, THE ALLEGHENY COUNTY, PA. DEPARTMENT OF HUMAN SERVICES' AREA AGENCY ON AGING FACED A CRISIS.

ITS largest provider of home-delivered meals (HDM) chose not to renew its contract at the end of the fiscal year. With only 10 weeks to respond, the Area Agency on Aging (AAA) could have taken the easy way out and contracted with another agency to deliver meals to the 800 adults served by that provider. Instead, it used the crisis as an opportunity to re-design the system and combine meal delivery with a strategy that allowed drivers to monitor and report changes in consumers' physical or behavioral health status, concerns raised by caregivers, and any other issues that might negatively impact consumers' ability to live independently at home. The result is a system that effectively prevents the negative health issues linked to poor nutrition in older adults (e.g., depression, diabetes, and high blood pressure) while also reducing emergency room visits, hospital stays, and nursing-home admissions.

In the world of food-delivery programs for vulnerable individuals, the most familiar program is probably Meals on Wheels, which is a highly volunteer-dependent program that requests payment for meals. In Allegheny County, Meals on Wheels is not managed by AAA; but the government-funded HDM program is.

Established in 1978 by the U.S. Department of Health and Human Services, Administration on Aging, HDM was

intended to reduce the need for nursing home placement by helping seniors remain in their homes. The federal law required states to establish minimum nutritional standards for the meals; Pennsylvania standards require that each meal fulfill one-third of daily nutritional requirements. By adopting the highest possible standards, Pennsylvania was ahead of its time in recognizing the vital importance of adequate nutrition. A recent study prepared for the National Foundation to End Senior Hunger reveals the connection between "food insecurity" and a host of negative health consequences, such as significantly increased risk of diabetes, depression, congestive heart failure, and limitations in activities of daily living.¹

But nutrition isn't the only need that can be addressed by a system in which delivery drivers have frequent and regular face-to-face contact with people who might otherwise be isolated and go days without interacting with another person. Meal delivery visits also allow for ongoing monitoring and early detection of any problems or changes in physical or mental health status.

When faced with the opportunity to design a new HDM system, AAA didn't just consider the food delivery component; instead, enhanced observation and monitoring was given equal priority.

THE EXISTING SYSTEM

In Allegheny County, three agencies prepared the meals that were then transported to 27 kitchens for delivery to the 2,600 senior adults enrolled in the HDM program. Meals were delivered five days per week, by volunteers who delivered 10–20 meals each, using their own vehicles. While the system had worked well enough, there were geographic gaps and ongoing budgetary concerns as costs continue to increase while funding did not. System capacity was also a huge concern. No local agency was in a position to increase its capacity by such a significant amount in such a short time.

A COLLABORATIVE SOLUTION

When AAA Administrator Mildred Morrison and her administrative team met to strategize a solution, it became clear that they would need to involve the combined thinking and efforts of AAA-contracted provider agencies. They also agreed that this was an opportunity to completely redesign the system and, in the process, address uneven geographic coverage and funding inconsistencies and implement an enhanced approach to monitoring the physical and behavioral health status of seniors through the use of technology and the regular contact between the senior and the individual delivering the meal.

Six provider agencies were represented at the meeting convened by AAA to determine the level of interest in expanding or revamping the program. When the attendees were



Marc Cherna is the executive director of the Allegheny County (PA) Department of Human Services.

told what AAA had in mind—complete redesign of the entire HDM system by July 1—they reacted first with shock, then with enthusiastic commitment. They were told that everything about the program’s design was open for discussion, except for one element—AAA wanted to divide the county into four geographic regions, each

the responsibility of a lead provider. Four of the six participating agencies agreed to assume the lead provider responsibilities; the others, along with providers who were not in attendance, would continue to provide HDM services under their coordination. With that structure in place, the project team got to work.

KEYS TO SUCCESS

A HIGH LEVEL OF TRUST AND COLLABORATION EXISTED AMONG TEAM MEMBERS

THE TEAM FOCUSED ON CLEAR OUTCOMES

MEMBERS OF THE TEAM HAD CLEAR DECISION-MAKING AUTHORITY

THE PLANNING TEAM MADE LARGE DECISIONS; SUBCOMMITTEES WORKED OUT THE DETAILS

TEAM MEMBERS WERE WILLING TO MAKE A SIGNIFICANT TIME COMMITMENT

DECISIONS WERE BASED ON BEST PRACTICES

TEAM MEMBERS SHARED A COMMON GOAL

FRONT-LINE STAFF OPINIONS WERE SOUGHT AND TAKEN SERIOUSLY

REDESIGNING THE SYSTEM

Among the first decisions to be made was the number of delivery days. Although local providers had always delivered meals five days per week, team members learned from colleagues across the country that reducing the number of days (but not the number of meals) was an effective way to continue to operate in a financially sustainable way. Furthermore, they were assured, seniors had easily adjusted to the new schedule.

Aware that costs were going to continue to increase, the team realized that five-day-per-week delivery was no longer a realistic option and voted unanimously to reduce delivery days to three with two meals delivered on Mondays and Wednesdays and at least one meal—depending on need—delivered on Fridays. Providers immediately began developing a strategy to educate seniors and other stakeholders about the change.

snowy, and icy winter. In addition to the hard work of committed providers and AAA staff and the availability of new technology that allowed the new system to easily and effectively address the needs of the 2,600 senior adults in the program, the system redesign was supported by generous funding from the United Way of SWPA and The Pittsburgh Foundation. Their support, in combination with additional AAA funding, covered one-time costs related to the start-up.

TECHNOLOGY, THE KEY TO EFFECTIVE PREVENTION

Technology was used to map the four geographic regions and the best routes within each, but that was not its most important function. The team located a technology-based solution that integrated meal delivery with a new way of monitoring and reporting concerns about the health status of the people receiving meals. Although drivers

and response to changes in status will prevent more serious complications, hospital visits, and nursing home stays. Drivers are also able to report when they see a need that is not being addressed; for example, a driver might notice that a homeowner needs help with yard maintenance, light housework, or personal care activities. These services are available through AAA but seniors and their caregivers are not always aware of their existence. Connecting services with those who need them is another way that the HDM program can help seniors continue to live independently in their own homes for as long as possible.

LESSONS LEARNED

What did AAA learn from this experience? With a history of effectively engaging providers and community partners at the earliest stages to identify solutions to complex problems, the agency is committed to collaboration, shared decision-making, and flexibility.

“IF A DRIVER COMES TO YOUR HOME WITH A MEAL THREE TIMES A WEEK, AND DOES EXTRA THINGS FOR YOU LIKE BRINGING IN YOUR NEWSPAPER OR TAKING OUT YOUR GARBAGE, YOU BECOME FRIENDS. A RELATIONSHIP DEVELOPS. AND HE NOTICES IF SOMETHING ISN'T QUITE RIGHT.”

— AAA STAFF MEMBER

Next, the team turned its attention to drawing the regions and routes, locating and equipping new kitchens, purchasing new trucks with temperature-controlled units so that the size of delivery routes could be safely increased, and identifying the best technology to support the program. While the entire team was involved in decision-making and all aspects of the 10-week process, each of the lead providers took responsibility for one major task, a strategy that proved efficient and effective.

On July 1, 2013, the new HDM system began operation. Not a single meal was missed that day—nor have any been since, even during an unusually cold,

are not clinicians, they do become quite familiar with the people on their delivery route and therefore are likely to notice when something is different or seems not quite right—or if nobody answers the door. They receive training about what to look for and when to contact a case manager or caregiver and when the situation warrants a call to 9-1-1. And now, because of the new technology, they are able to quickly and easily communicate an individual's status. While this component of the HDM program is not entirely new, the new technology provides an easier, more consistent, and efficient way to immediately report a concern. The assumption is that earlier identification

Judging from the success of this process, as well as earlier collaborations, this is an effective planning model. AAA intends to continue incorporating these elements into future plans, while continuing to increase its focus on the use of technology, data-driven decision-making, and best practices. 

This article was prepared with assistance from Kathy McCauley and Evelyn Whitehill, with the cooperation of staff and providers of the Allegheny County Area Agency on Aging.

Reference Note

1. National Foundation to End Senior Hunger, <http://www.nfesh.org/wp-content/uploads/2013/03/Health-Consequences-of-Food-Insecurity-final.pdf>